



VERMONT MALT BEVERAGE TAX RETURN


Vermont Department of Taxes
PO Box 547
Montpelier, VT 05601-0547

For month of _____, 20____

Return with payment is due on or before the 10th of each month.

Distributor's Name	Telephone Number
Address	Federal ID Number
City, State, ZIP Code	E-mail address

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
MALT BEVERAGES	KEGS			CASES							
	1/2	1/4		12	12	24	24	24	12		
	15.5 gal.	7.75 gal.	13.2 gal.	40 oz.	32 oz.	16 oz.	12 oz.	7 oz.	12 oz.		
1. Total on hand first of the month											
2. Purchased (from Form MB-2)											
3. Total Available (Add Lines 1 and 2)											
4. Total on hand end of the month											
5. Total outage (Subtract Line 4 from Line 3)											
6. Total Credits (Attach list of credit memos)											
7. Taxable amount (Subtract Line 6 from Line 5)											
8. Tax rate per unit (\$0.265 per gallon)	\$4.11	\$2.05	\$3.50	\$0.99	\$0.80	\$0.80	\$0.60	\$0.35	\$0.30		
9. TAX on Malt Beverages containing 6% or less alcohol (Multiply Line 7 by Line 8)											
10. TAX on Malt Beverages containing more than 6% alcohol (\$0.55 per gallon)										10.	
11. TOTAL TAX DUE on Malt Beverages (Add Line 9, Columns A-K, and Line 10). Make check payable to VT DEPARTMENT OF TAXES . . .										11.	

	I hereby certify that this return has been examined by me, and to the best of my knowledge, is a true and complete return for the month stated, pursuant to 7 V.S.A. §421.		
	Signature	Title	Date

MB